

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET
NUMBER
PU3985US2

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

REBATE CALCULATOR

the specification of which (check only one item below):

☒ is attached hereto.

☐ was filed as United States application Serial No. _____ on _____ and was amended on (if applicable)

☐ was filed as PCT international application Number _____ on _____

and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 and all information which became available between the filing of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	APPLICATION DATEe	PRIORITY CLAIMED
1.			
2.			
3.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/196,441	04/11/2000
2.	
3.	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. FILING NUMBERS ASSIGNED (if any)		

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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	John L. Lemanowicz	Reg. No. 37,380
Charles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	Bonnie Deppenbrock	Reg. No. 28,209
Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Elizabeth Selby	Reg. No. 38,298
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,344	Lorie Ann Morgan	Reg. No. 38,181

Send Correspondence to:

David J. Levy, Patent Counsel
Global Intellectual Property Department
Glaxo Wellcome Inc.
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709



23347

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Christopher P. Rogers
919-483-1240

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FAMILY NAME BREWER	FIRST GIVEN NAME Sherran	SECOND GIVEN NAME/INITIAL Irene
	RESIDENCE & CITIZENSHIP	CITY Cary	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP NC
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
	SIGNATURE			DATE: 3/9/01
202	FULL NAME OF INVENTOR	FAMILY NAME MARBURGER	FIRST GIVEN NAME Kimberly	SECOND GIVEN NAME/INITIAL I.
	RESIDENCE & CITIZENSHIP	CITY Northville	STATE OR FOREIGN COUNTRY MI	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
	SIGNATURE			DATE:
203	FULL NAME OF INVENTOR	FAMILY NAME SABATELLI	FIRST GIVEN NAME Mark	SECOND GIVEN NAME/INITIAL A.
	RESIDENCE & CITIZENSHIP	CITY Raleigh	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
	SIGNATURE			DATE: 3/8/2001
204	FULL NAME OF INVENTOR	FAMILY NAME STAFFORD	FIRST GIVEN NAME Randy W. L. WRS	SECOND GIVEN NAME/INITIAL RANDOL
	RESIDENCE & CITIZENSHIP	CITY Raleigh	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
	SIGNATURE			DATE: 03/13/01
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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202	SIGNATURE	<i>x Kim Marburger</i>		DATE: <i>3-23-2001</i>
203	FULL NAME OF INVENTOR	FAMILY NAME SABATELLI	FIRST GIVEN NAME Mark	SECOND GIVEN NAME/INITIAL A.
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